

PROCEEDINGS OF THE BOARD OF HEALTH MEETING
TUESDAY, MARCH 19, 2019
5:00 PM

Present: Richard Schadewald, Cynthia Brown-Sullivan, Susan Molenaar, Edward Morales, Karen Sanchez, Cheryl Weber

Excused: Jay Tibbetts

Others Present: Erik Pritzl, Anna Destree, Ann Steinberger, Zach Kroening, Andrea Kressin, William Acker

1. Call to Order, Welcome, Introductions

Chairman Richard Schadewald called the meeting to order.

Dr. Edward Morales is an infectious disease physician in the community who has been in Green Bay for about 4 years. He did his medical training school in the Midwest, University of Wisconsin School of Medicine and Public Health, University of Illinois College of Medicine at Chicago and the University of Iowa.

2. Approval / Modification of the Agenda

Motion to approve agenda.

MOTION: To approve agenda.

Sanchez / Weber

MOTION CARRIED

3. Approval of Minutes of Meeting of January 15, 2019.

MOTION: To approve the minutes from January 15, 2019.

Weber / Brown-Sullivan

MOTION CARRIED.

4. Home Visitation Evaluation Plan

Andrea Kressin handed out an overview of the home visitation program. Andrea stated we have set our strategic planning through 2022 and one of the goals of our strategic plan is modernization through accreditation. Throughout 2019, we will be convening stakeholders to evaluate our home visitation program to look at what exactly our home visitation program looks like moving forward and how we can integrate Nurse Family Partnership (NFP) into that picture. Ann Steinberger stated the NFP is an evidence-based community health program that serves low-income women pregnant with their first child and has been around for more than 40 years. Ann stated there are three primary goals; 1) to improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from the healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances; 2) to improve child health and development by helping parents provide responsible and competent care; and 3) to improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Ann stated a registered nurse would work with the family who meet income guidelines and must be enrolled prior to week 28 of their pregnancy so the nurse and the family develop a bond and last until the child turns two. It is proven that over 88% of the babies born are at a healthy weight when delivered. Ann stated 87% babies are born full term and 82% of mothers initiated breastfeeding and 91% of the babies received all immunizations by 24 months of age. Richard Schadewald asked how this relates to Healthy Families. Ann stated Healthy Families is one of the evidence based home visitation programs. The difference is that with Nurse Family Partnership is that there is a nurse involved and it is for first time moms.

Andrea stated the clear goals are 1) any gaps that need to be filled including looking at the most frequent referral needs in the community, 2) ensure that home visiting needs are being met by Brown County Public Health (BCPH) or partner agencies in Brown County, 3) define staffing needs related to the Nurse Family Partnership, 4) define the roles and responsibilities of the public health nursing generalists, as well as crossover with the Community Engagement Unit, 5) outline a clear process for the transition from our current model to NFP/generalist nursing model, 6) identify partnerships and supports to enhance uptake of NFP in the

community, 7) clearly communicate proposed changes both internally and externally with community partners, and 8) integrate staff feedback and insight into the evaluation process.

Andrea stated some strategies that we will use to accomplish our goals are staff listening sessions; key stakeholder conversations; define clear roles for staff; look into successful example communities; and utilize strong community systems.

Andrea went through project timeline through 2019 and reviewed the proposal for staffing needs in 2020. Ann Steinberger indicated there are several courses that staff would need to take, some being web-based and an on-site training in Denver, Colorado. There are 11 counties in Wisconsin that do have Nurse Family Partnership, and we will be reaching out to some of them. Andrea stated this all lends itself to our goal of accreditation. Andrea stated the proposed staffing in 2020 would be shifted to a generalist model for our nurses; four nurses will be dedicated to NFP and 5-6 generalists' nurses to complement and to work as a team. Cynthia Brown-Sullivan asked how many nurses we have now. Ann indicated 10. Karen Sanchez asked how the period was decided. Andrea indicated the way the home visitation model currently stands; we would need to make changes in order to be accredited.

Dr. Morales asked what percentage the community is starting at for immunization rates. Ann stated 81% of the children who are turning two are immunized appropriately. Ann stated for healthy people 2020 would be 90% of the population. Mr. Schadewald asked if there was any additional staff needed. Andrea stated, not at this time. Mr. Schadewald asked about shifting staff. Andrea indicated this is what we would be evaluating. We would be shifting to evidence based model for home visitation so it has not been determined specifically which pieces of our home visitation program would continue and would work in tandem with NFP and which pieces might not continue.

Mr. Schadewald asked about other programs that provide the same service. Andrea indicated the Welcome Baby Program is a way of meeting with families and assessing them for risk and potentially referring them to home visitation services or other information and resources, as they need it. Not every family who is identified as a risk will work well with a home visitation program. This will be something that there would be potentially children who we will be active with before they get that assessment in the hospital because we would have been working with them since week 28 of their pregnancy so when they go in and a Welcome Baby staff person does an assessment and they would already be connected and they wouldn't need home visitation or parents as teachers or other programs. We are moving upstream and getting families connected to those resources by week 28 instead of catching them at the hospital and then referring them. Andrea stated there has been a shortage in terms of spots open for intensive home visitation programs that have been demonstrated that impact in those families' lives. This would be adding another menu option to those families which we can connect with prenatally so that we can make an even more of an impact down the road by starting to work with that mother during that pregnancy so that those birth outcomes are improved and so that the health outcomes for the mother and child are improved after the birth. We are moving upstream a little in order to minimize the burdens on those other programs so they can continue to make an impact on the families. Erik Pritzl thinks this will not change Welcome Baby all that much. He believes the home visitation piece would peel off a population that currently Healthy Families is doing and they have capacity issues, they have sustainability issues. We are using our staff in an evidenced based programming. We are going to grasp that population. Cheryl Weber asked how many families is the goal. Ann stated the goal is a caseload of 25 to 30 per nurse. Andrea stated we are considering a .8 in the NFP and .2 nurse generalist functions. Cheryl asked if Welcome Baby was through Public Health. Andrea stated it is a program that the Community Partnership for Children which Brown County United Way facilitates that is done in partnership with a number of different agencies and Brown County Health and Human Services is integral in that process. Andrea stated the key component of the Welcome Baby program is an in-hospital assessment the families receive. It is that visit after the child is born. These NFP proposals would run parallel with that and when the assessment is done, workers would know this person is already connected with resources. Anna Destree stated Welcome Baby is available to everyone in the community. This NFP is targeted to the most at risk so it is different in that we are targeting a very specific at risk population. Mr. Schadewald believed this was a wonderful program.

5. Nursing Unit Update

Ann Steinberger indicated the move is over and we are trying to be caught up on things we put off until after the move. Ann stated we have a lead case and we were notified that a child, aged 2.5 years old, has tested at an extremely high lead level with a result of 31 Mcg/dl. Some challenges with this case are that the family speaks Karen and the only translation is over the phone for the Karen language. Our Environmental Health (EH) team will be doing an environmental assessment. Additionally there are many people in and out of the home including children. Public Health nurses are currently working with environmental sanitarians to conduct a

property investigation on the dwelling to determine where the lead is coming from. Ann stated influenza is still occurring and the Wisconsin Division of Health just issued a press release that this could be one of the longer influenza seasons because it has not peaked yet. Ann stated we have a Hepatitis A case. There are outbreaks nationwide but this person does not appear to be connected. We are waiting for lab results.

We have two open positions for nurses. We are in the process of filling.

6. Environmental Unit Update

WI Department of Health Services (DHS) recently reached out to Brown County to see if there was interest in purchasing and maintaining an XRF machine for lead inspections. The XRF machine will provide instant, and more accurate, lead results at the time of a lead inspection. Currently, only paint chip samples are taken which can take up to two weeks to be analyzed for lead. If lead results are obtained faster, that means the lead abatement process can start earlier which may lead to children being exposed to lead for a lesser amount of time.

The EH Division is just beginning to look into the overall cost of the machine and the cost to send staff to the required trainings to use the machine. Cost is upkeep and maintenance.

Currently the EH Division is down one Sanitarian and we are in the process of posting for the vacant sanitarian area.

Mr. Schadewald asked how the rooming house inspections were coming along. We have about 250 in Brown County and only about 50 are licensed. We have hired a technician to inspect and we are waiting for a report from Short Term Rentals (STR) Helper, which is the program that finds the STR so notifications go out that they are not compliant and need to be licensed. Mr. Schadewald ask how much that would cost the owner. Zach stated cost is \$235.

7. Community Engagement Unit Update

Andrea stated the Public Health Planner has started and is developing the different plans that we have to develop for accreditation. Andrea stated we also did have a significant role with our preparedness staff for the flooding that recently happened. Andrea has two positions open for a general health educator and the hearing and vision nurse position. We have closed the application period and will be interviewing them in the next few weeks. Andrea indicated it has been a challenging year to fill the gaps and we have managed to screen and keep commitments to the schools. It has opened our eyes to show us where we can make efficiencies.

8. Health Officer's Report

Anna provided the County Health Rankings and Roadmaps from www.countyhealthrankings.org. Anna stated we have completed the move and she thanked all the staff for their hard work and it went smooth. Anna indicated we have a 140 Review coming up, which is an audit of our services, which DHS conducts every 5 years. When we are accredited that will replace the 140 Review. We are a Level III currently, which means we have seven essential services and 14 additional services that we provide. The 140 Review wants evidence that we are doing what we are saying. We submitted the initial documents and DHS would review and have an opportunity to ask us for more documents. We will have a run through with DHS on April 5 and the official review will be April 15. They will present a certificate to the Health Department for Level III status.

Dr. Morales asked if Level III was the highest. Anna indicated it was the highest. Anna will send the services we provide to the Board members.

Anna stated we had a flooding situation this past weekend and Health and Human Services did staff the Health Services part of the shelter. Erik indicated they had behavioral health team there as well as the physical health services present. They did staff that 24/7 operating at Preble High School. They had nurses and clinicians present. Erik indicated it was active on Friday, and stabilized on Saturday. Erik believes our teams mobilized quickly and effectively and worked together very well.

9. Public Health Legislation – Standing Item

Anna indicated Governor Evers has released his budget. Wisconsin Public Health Association (WPHA) works on policies and they have a lobbyist, Hoven Consulting, Inc. When we are bringing statewide significant public health issues, it is through this consultant. The consultant put together from his report the ones that may be of interest to health agencies. Anna handed out Hoven's report entitled "2019-2021 Wisconsin State Budget Initial Analysis for WPHA/WALHDAB."

10. **Receive New Information on Wind Turbines – Standing Item**
Mr. Schadewald indicated that Dr. Tibbetts sent him a website that has a number of You Tube videos. Mr. Schadewald will send a website link to Patti and she will send to everyone to review the videos and then there will be a discussion at the next meeting.
11. **Correspondence**
None
12. **Comments from the Public**
None.
13. **All Other Business Authorized by Law**
None.
14. **Adjournment / Next Meeting Schedule**
(May 14, 2019 5:00 PM at Sophie Beaumont for tour of Public Health offices,
5:30 meeting time Meeting Room E03.)
15. **Motion to adjourn** Molenaar / Brown Sullivan